

<i>Index of Claims</i>	Application/Control No.		Applicant(s)/Patent Under Reexamination	
	10724315		KASOWER, SHELDON	
	Examiner		Art Unit	
	BENJAMIN S FIELDS		3692	

<input checked="" type="checkbox"/>	Rejected	<input type="checkbox"/>	Cancelled	<input type="checkbox"/>	N	Non-Elected	<input type="checkbox"/>	A	Appeal
<input type="checkbox"/>	Allowed	<input type="checkbox"/>	Restricted	<input type="checkbox"/>	I	Interference	<input type="checkbox"/>	O	Objected

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant					<input type="checkbox"/> CPA	<input type="checkbox"/> T.D.	<input type="checkbox"/> R.1.47
CLAIM					DATE		
Final	Original	09/22/2008	02/26/2009	07/17/2009	01/21/2010		
1		✓	✓	✓	✓		
2		✓	✓	-	-		
3		✓	✓	✓	✓		
4		✓	✓	✓	✓		
5		-	-	-	-		
6		-	-	-	-		
7		-	-	-	-		
8		✓	✓	✓	✓		
9		-	-	-	-		
10		-	-	-	-		
11		-	-	-	-		
12		-	-	-	-		
13		-	-	-	-		
14		-	-	-	-		
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18		✓	✓	-	-		
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24		✓	✓	✓	✓		
25		✓	✓	✓	✓		
26		✓	✓	✓	✓		
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28		✓	✓	✓	✓		
29		✓	✓	✓	✓		
30		✓	✓	-	-		
31		✓	✓	✓	✓		
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33		✓	✓	✓	✓		
34		✓	✓	-	-		
35		✓	✓	✓	✓		
36		✓	✓	-	-		

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CLAIM		DATE					
Final	Original	09/22/2008	02/26/2009	07/17/2009	01/21/2010		
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	38			✓	✓		
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	40			✓	✓		